

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/501513

FILING DATE

Wilson Alvarado
Regional Stage Processing
Patricia Specialist
(703) 305-6421

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52			/			
3	/						53			/			
4	/						54			/			
5	/						55			/			
6	/						56			/			
7	/						57			/			
8	/						58		/	/			
9	/						59			/			
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44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	2	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	51	←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	53		14				TOTAL CLAIMS						

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